

Prescription Drug Rebate Program Claim Submission

Date: [Insert Date]

To: [Rebate Program Name]

Address: [Rebate Program Address]

Subject: Claim Submission for Prescription Drug Rebate

Dear [Rebate Program Coordinator's Name],

I am writing to submit a claim for the rebate associated with my recent prescription drug purchase under the [Prescription Drug Rebate Program Name]. Below are the details of my claim:

- **Patient Name:** [Insert Patient Name]
- **Patient ID:** [Insert Patient ID]
- **Prescription Number:** [Insert Prescription Number]
- **Date of Purchase:** [Insert Date of Purchase]
- **Medication Name:** [Insert Medication Name]
- **Total Amount Paid:** [Insert Amount]

Attached to this letter are the required documents for processing my claim, including:

- Original receipt of the prescription
- Completed claim form
- Any additional supporting documents

Please let me know if you require any additional information or documentation to process my claim. I appreciate your assistance in this matter.

Thank you for your attention to this claim. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]